

FEC FORM 2
STATEMENT OF CANDIDACY

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| | | |
|---|---|---|
| 1. (a) Name of Candidate (in full) Heller, Dean, . . | | 2. Candidate's FEC Identification Number |
| (b) Address (number and street) PO Box 371907 | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code Las Vegas NV 89137 | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought Senate | 6. State & District of Candidate NV 00 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| |
|--|
| (a) Name of Committee (in full) Heller for Senate |
| (b) Address (number and street) PO Box 371907 |
| (c) City, State, and ZIP Code Las Vegas NV 89137 |

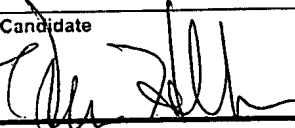
DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| |
|--|
| (a) Name of Committee (in full) 2018 Tillis Senate Candidate Fund |
| (b) Address (number and street) 824 S Milledge Ave Ste 101 |
| (c) City, State, and ZIP Code Athens GA 30605 |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|--|--------------------|
| Signature of Candidate Heller, Dean  | Date 04/03/2018 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
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Optional Supplemental Page for Designation
of Additional Authorized Committees**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PROTECT THE SENATE 2018

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA

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8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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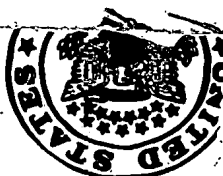


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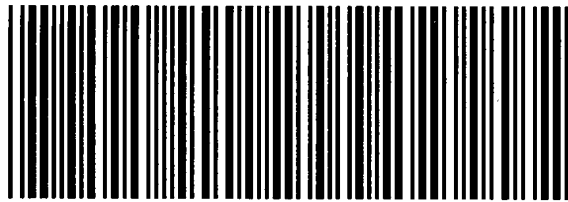
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